

PART B - FEE(S) TRANSMITTAL

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7590 02/14/2005

Shlesinger, Fitzsimmons & Shlesinger
Suite 1323
183 East Main Street
Rochester, NY 14604
05/19/2005 BABRAHA2 00000010 10628945

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP



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Karen Hite		(Depositor's name)
Karen Hite		(Signature)
5/16/05		(D)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/628,945	07/30/2003	Edward J. Merritt JR.		9104

TITLE OF INVENTION: PRECISION Z-AXIS MOUNT FOR A LENS ASSEMBLY IN AN OPTICAL INSPECTION APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/16/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
MARTINEZ, JOSEPH P		2873	359-819000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Shlesinger
2 Fitzsimmons
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Optical Gaging Products, Inc.

Rochester, N.Y.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
 Publication Fee (No small entity discount permitted)
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number _____ (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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